State Variation in Substance Use Disorder and Mental Health Treatment Facility Characteristics in 2022

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Summary

The availability and characteristics of substance use disorder (SUD) and mental health treatment facilities play a critical role in addressing the growing behavioral health crisis in the United States. Yet, stark differences exist across states and territories, affecting access to care and patient outcomes. This study examines state and territory variation in SUD and mental health treatment facility characteristics using data from the 2022 National Substance Use and Mental Health Services Survey. The findings reveal notable gaps in integrated SUD and mental health services, inpatient and residential care capacity, and use of medications for SUD treatment, with substantial variation across states and territories.

Our key findings are the following:

- Nationally, only 15.5 percent of facilities focused on treating both SUD and mental health disorders. This share varied substantially across states, from 28.7 percent and higher in the top decile of states (the highest five states) to 7.4 percent and lower in the bottom decile (the lowest five states).
- A total of 70.8 percent of facilities that focused on SUD or SUD and mental health treatment (hereafter “SUD facilities”) offered mental health services, ranging from 89.5 percent and higher in the top state decile to 50.5 percent and lower in the bottom decile. We found that 52.9 percent offered suicide prevention services.

- We found that 61.0 percent of facilities that focused on mental health or mental health and SUD treatment (hereafter "mental health facilities") offered SUD treatment, and 61.9 percent provided integrated SUD and mental health treatment.
- Most SUD facilities provided outpatient care (82.9 percent), while relatively few offered residential (23.7 percent) or inpatient (6.0 percent) treatment.
- Inpatient and residential SUD treatment beds were often at or over capacity. Inpatient SUD treatment bed utilization was at or over capacity (100 percent utilization or higher on date of survey) in 23 states and 140 percent of capacity or higher in 14 states. For residential SUD treatment bed utilization, facilities in 20 states were at or over capacity, and 140 percent of capacity or higher in eight states.
- Among mental health facilities, outpatient care was most common (64.3 percent), while 17 percent offered 24-hour residential care and 13 percent provided 24-hour inpatient care.
- Inpatient mental health treatment bed utilization averaged 150 percent nationally and was at or over capacity in 19 states, with 14 states at 140 percent of capacity or higher. Residential mental health treatment bed utilization averaged 90 percent nationally, with facilities in 12 states at or over capacity and five states at 140 percent of capacity or higher.
- We found that 62.4 percent of SUD facilities offered medication for opioid use disorder (MOUD), and 50.7 percent offered medication for alcohol use disorder (MAUD), with substantial state variation.
- Most SUD facilities were privately owned (85.1 percent). The share of private nonprofits with no government funding (excluding payments for clients, such as Medicaid, Tricare, and Medicare enrollees) ranged from 44.3 percent and higher in the top state decile to 7.7 percent and lower in the bottom decile.

The study findings highlight substantial differences in the availability and characteristics of SUD and mental health treatment facilities across states and territories. These variations may have important implications for patient access, quality of care, and treatment outcomes. Further research is needed to better understand the factors contributing to these differences and to develop targeted policy solutions to improve the equitable delivery of behavioral health services nationwide.

Background

SUD and mental health treatment facilities in the US and its territories are an important source of care, providing inpatient, residential, partial hospitalization, intensive outpatient, and other outpatient services for people with SUDs or mental health conditions. About half of people in the US treated for SUD receive care in a SUD treatment facility (SAMHSA 2020). Although inpatient and residential mental health care has dramatically dropped over the last decades in the US, outpatient care has increased and is in high demand (Olfson et al. 2019; Sun et al. 2023; APA 2022).

Robust evidence shows benefits from SUD and mental health facility services for patients and broader communities, including associations with lower drug-induced mortality and reduced emergency department visits for SUD issues among nearby residents (Bondurant et al. 2018; Corredor-Waldron and Currie 2022; Swensen 2015; National Council for Mental Wellbeing 2022a). Patient access to and experience with SUD and mental health facility services depends on facility characteristics such as level of SUD and mental health services integration, type of setting, type of ownership, type of funding sources, and state (Burns 2015; Garrison, Luo, and Sahker 2024; Nahra, Alexander, and Pollack2009; Newton et al. 2022; Sherman et al. 2013; Spivak et al. 2022; APA 2022). Yet few recent studies synthesize descriptive statistics on treatment facilities and compare results across states and territories (Saunders and Euhus 2024). State and territory variation can provide context for policymaking and help inform policy research agendas, including factors shaping the uptake of evidence-based practices. Insight into state and territory SUD and mental health treatment facility variation is particularly needed to address knowledge gaps in four main areas:

1. ***Treatment of co-occurring SUD and mental health conditions at behavioral health facilities***: Close to half (46.2 percent) of adults with an SUD also have a mental health condition, and more than one in three (36.4 percent) adults with a mental health condition also have a SUD.1 Treatment for both SUD and mental health is generally recommended, but only about 60 percent of the more than 20 million US adults with co-occurring conditions receive treatment, and it is mostly only for mental health conditions (Han et al. 2017).[2] Barriers to care for co-occurring disorders, including lack of access to treatment facilities, are thought to contribute to low treatment rates of co-occurring disorders (Garrison, Luo, and Sahker 2024; Han et al. 2017). Yet we know of no studies into state or territory facility variation that focus on treating both SUD and mental health conditions or focus on one type of condition but provision of care for the other type of condition.
2. ***Types of facilities available, types of service offered, and bed utilization***: Despite the existence of a large body of literature showing unmet demand for outpatient and intensive SUD and mental health treatment and insufficient supply of behavioral health care workers, gaps remain in what is known about care availability (Erikson et al. 2022; National Council for Mental Wellbeing 2022b).[3] In particular, we know of no recent research on facility variation in the type of services offered and rates of inpatient and residential bed utilization across states and territories.
3. ***Availability of medication for opioid use disorder and alcohol use disorder***: Strong evidence shows that medications for opioid use disorder (OUD) and alcohol use disorder (AUD) reduce the harms associated with OUD and AUD, but many people with OUD or AUD do not take medication for it (Kranzler and Hartwell 2023; Santo et al. 2021). Evidence also shows an association between the uptake of MOUD and availability at treatment facilities, as well as greater availability of other recommended treatments at facilities that offer medication for SUD (Solomon et al. 2022; Weber et al. 2022). However, little information exists on the variation in facility offering of MOUD or MAUD across states and territories.

4. ***Type of facility operation, facility ownership, and funding sources***: Patients at for-profit facilities have been found to have less access to supportive employment and evidence-based clinical and support services for serious mental illness than patients at public facilities (Newton et al. 2022; Sherman et al. 2013). Similarly, patient access to supportive employment at mental health facilities has been found to vary by state and funding source, for example, with more access at facilities funded by Community Service Block Grants, Community Mental Health Services Block Grants, or the Indian Health Service (Sherman et al. 2013). Numerous studies also point to barriers to comprehensive treatment for lower-income patients with SUD at privately owned facilities compared with public facilities (Nahra, Alexander, and Pollack 2009). Despite a substantial body of literature suggesting that the type of facility operation, ownership, and funding impacts behavioral health services offered, we know of no studies into state variation in facility operation, ownership, and funding.

In this study, we sought to help fill research gaps and advance research agendas in the four areas described above by providing descriptive statistics on state and territory variation in the characteristics of SUD and mental health treatment facilities.

Data and Methods

We relied on the 2022 National Substance Use and Mental Health Services Survey[4] (N-SUMHSS), which is sponsored annually by the Substance Abuse and Mental Health Services Administration (SAMHSA) and provides data on the characteristics of public and private SUD and mental health treatment facilities nationwide.

BOX 1

Types of Behavioral Health Facilities Included in the 2022 N-SUMHSS

- Psychiatric hospitals
- General hospitals with a separate inpatient substance use and/or psychiatric unit
- State hospitals
- Veterans Affairs medical centers
- Certified community behavioral health clinics
- Partial hospitalization/day treatment facilities
- Outpatient facilities
- Residential treatment centers for children and adults
- Multi-setting mental health facilities
- Community mental health centers

Source: National Substance Use and Mental Health Services Survey (N-SUMHSS) 2022 codebook.

Notes: The above list does not include all behavioral health facility types listed in the 2022 N-SUMHSS. There are also "other types of residential treatment facilities" and an "other" category that includes other facilities not defined above.

The N-SUMHSS excludes Department of Defense treatment facilities, jails and prisons, and individual and small-group providers in practices not licensed or certified SUD or mental health treatment centers. The N-SUMHSS is a point-prevalence survey, meaning that it provides a picture of facilities' activities on a given day during the year (March 31, 2022) and may not represent the facility characteristics over the full year.

There were 14,854 eligible SUD facilities (including some that also offered mental health treatment) and 9,586 eligible mental health treatment facilities (including some that also offered SUD treatment) that responded to the survey for an overall response rate of 88 percent. We focus on means and do not report counts because the N-SUMHSS is not adjusted for facility nonresponse. We assume the 88 percent of respondent facilities are representative of all facilities in the survey universe. We examined SUD and mental health treatment facilities in 53 geographic areas, including the 50 states, the District of Columbia, Puerto Rico, and six other territories combined.[5] For national estimates, we include only the 50 states and DC. We report estimates for facilities in the top and bottom deciles, defined as the top and bottom five areas, respectively, in a ranking of the 50 states, DC, Puerto Rico, and six territories for a specific statistical measure.

Most state-level proportion estimates were calculated by dividing counts of facilities that indicated 'yes' to a binary questionnaire item by the total number of facilities in a state or territory. However, where questionnaire items were reported as percentages, estimates were calculated as the mean of the state facility percentages. Analyses were performed in Stata 18, and mapping visualizations were created in RStudio with R version 4.3.1.

Key Variables

We examined several key variables to describe the characteristics of facilities providing SUD and mental health treatment in the US.

- Facility focus on SUD and/or mental health treatment was identified with a variable that asked what type of treatment was primarily provided at the facility. Provision of care for mental health conditions or SUD at facilities that focused on the other type of condition was identified from variables asking about the provision of "substance use treatment," "integrated mental and substance use disorder treatment," "screening for mental disorders," "comprehensive mental health assessment or diagnosis," "mental health services," and "suicide prevention services." The N-SUMHSS defines substance use treatment as "services that focus on initiating and maintaining an individual's recovery from substance use and on averting relapse." Integrated treatment is defined as "combined treatment for mental illness and substance use from the same clinician or treatment team."

- Services offered were examined separately for SUD and mental health treatment facilities. For SUD treatment, we assessed the proportion of facilities offering outpatient treatment, residential treatment, and inpatient treatment, as well as specific services such as intensive outpatient care, partial hospitalization, inpatient detox, and residential detox. We used the terminology "detox" in place of "medically managed withdrawal" because it was the questionnaire terminology, and it is possible that respondents would have answered differently if they had been asked about "medically managed withdrawal." For mental health treatment, we examined the proportion of facilities by duration and setting, defined as those offering less than 24-hour outpatient care, less than 24-hour day treatment, 24-hour residential care, and 24-hour inpatient care.
- Utilization rates were calculated as the number of inpatient or residential clients divided by the number of beds designated for inpatient or residential use as of March 31, 2022. Utilization rates exceeding 1 indicate that clients occupy nondesignated beds and may indicate gaps in recommended services, with demand for services outpacing the available capacity. In figures 6 and 7, we crop and asterisk upper-end outliers to observe the distribution of nonoutlier values. The actual values of cropped estimates are detailed in appendix tables 6 and 7.[6] For groups of facilities in which one facility reported client and bed counts for all facilities in the group, we compute the count for all facilities in the group.
- For facilities that only focus on mental health treatment, MOUD or MAUD was flagged if the facility reported "MOUD" or "MAUD." The N-SUMHSS instructions defined MOUD and MAUD as buprenorphine, methadone, or naltrexone medication and disulfiram and acamprosate medication, respectively. For facilities that focus on SUD treatment, we also included naltrexone (oral, extended-release, injectable) in the MAUD variable because it is FDA-approved for AUD (Malone et al. 2019). This decision did not have a meaningful impact on results (data not shown).
- For SUD treatment facilities, ownership was classified as (1) private for-profit with no government funding; (2) private for-profit with government funding; (3) private nonprofit with government funding; (4) private nonprofit with no government funding; and (5) federal, state, tribal, or local government-operated facilities. "Government funding" excludes payments made on behalf of Medicaid, Medicare, and Tricare enrollees.
- The type of operation for mental health facilities was classified as outpatient (including Community Mental Health Centers, Certified Community Behavioral Health Clinics, day treatment facilities, and other outpatient), residential treatment facilities, inpatient facilities (including inpatient psychiatric unit of general hospital and psychiatric hospital), and other/unknown (including VA health care facilities and other/unknown facilities).

Results

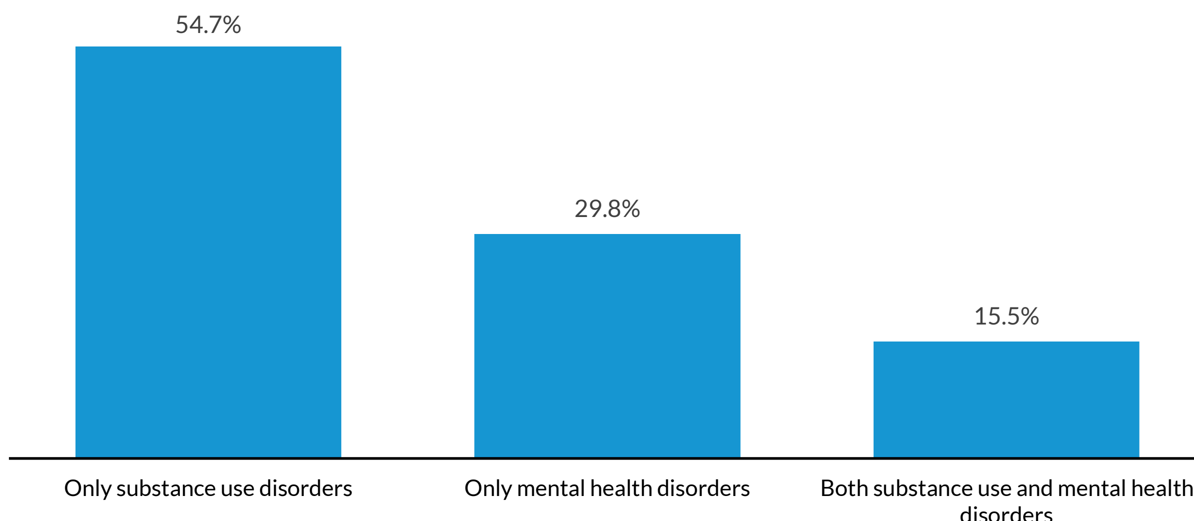
Share of Facilities That Focus on Treating Both SUD and Mental Health Conditions and Variation across States and Territories

Nationally, 15.5 percent of facilities reported focusing on treatment for both SUD and mental health disorders (figure 1). About 55 percent provided services primarily or only for SUD (hereafter referred to as SUD treatment facilities), and about 30 percent provided services primarily or only for mental health disorders (hereafter referred to as mental health treatment facilities). The share of facilities focused on treating both SUD and mental health disorders varied substantially across states and territories, from 28.7 percent and higher for the areas in the top decile to 7.4 percent and lower in the lowest decile (appendix table 1). States in the top decile for the share of facilities focused on providing both SUD and mental health treatment include Wyoming, West Virginia, Mississippi, Indiana, and Wisconsin. States in the bottom decile include Minnesota, South Dakota, New York, South Carolina, and Hawaii.

FIGURE 1

Percentage Distribution of Behavioral Health Facilities by Type of Treatment Focus

US national estimates, 2022



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Source: Authors' analyses of the National Substance Use and Mental Health Services Survey, 2022.
Notes: Percentages are a snapshot of respondent facilities operating on March 31, 2022. Puerto Rico and other US territories are not included in national totals. For complete notes and state and territory details, see appendix table 1.

Share of SUD Treatment Facilities That Provide Mental Health Services, Type of Mental Health Services Provided, and Variation across State and Territories

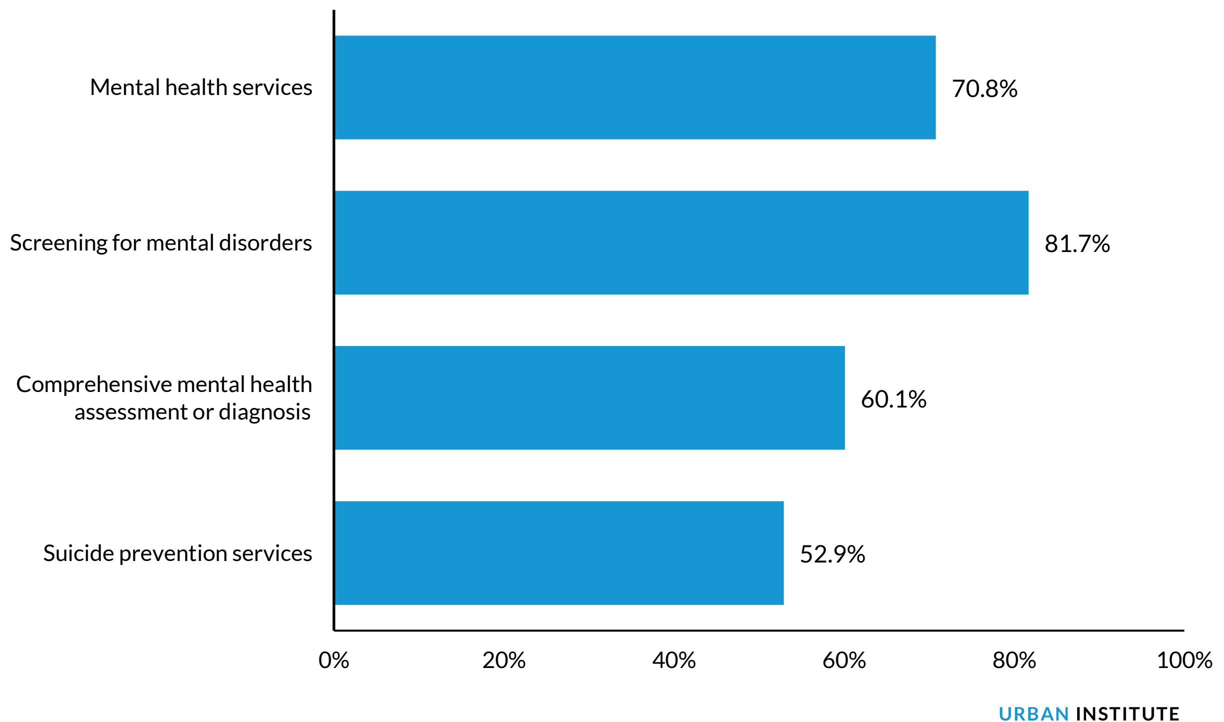
Nationally, 70.8 percent of SUD treatment facilities offered mental health services, including 60.1 percent offering comprehensive mental health assessment or diagnosis and 52.9 percent offering

suicide prevention services (figure 2). About four in five (81.7 percent) SUD treatment facilities screened for mental health disorders. Across states and territories, the share of SUD treatment facilities offering mental health services ranged from 89.5 percent and higher in the top decile (Wyoming, Idaho, Connecticut, Alaska, and Utah) to 50.5 percent and lower in the bottom decile (New Hampshire, Alabama, South Carolina, non-Puerto Rican territories, and Hawaii) (appendix table 2). The share offering suicide prevention services ranged from 70.3 percent and above in the top decile (Wyoming, Iowa, New Mexico, Nevada, and Arkansas) to 39.2 percent and below in the bottom decile (Minnesota, non-Puerto Rican territories, Maine, New Hampshire, and Hawaii).

FIGURE 2

Percent of Facilities That Treat Substance Use Disorders by Availability of Any and Select Types of Mental Health Services

US national estimates, 2022



Source: Authors' analyses of the National Substance Use and Mental Health Services Survey, 2022.
Notes: Percentages are a snapshot of respondent facilities operating on March 31, 2022. Puerto Rico and other US territories are not included in national totals. For complete notes and state and territory details, see appendix table 2.

Share of Mental Health Treatment Facilities That Provide SUD Services and Variation across States and Territories

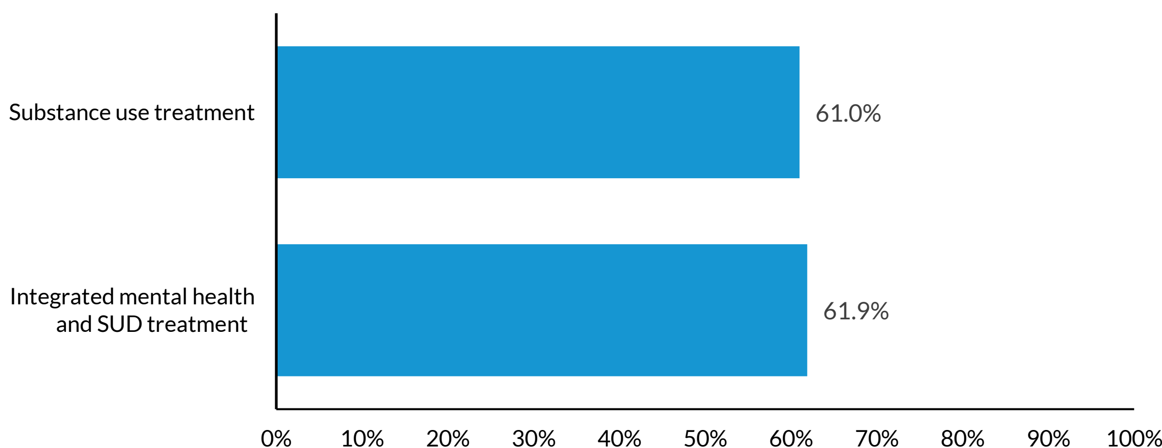
Nationally, 61.0 percent of mental health treatment facilities offered substance use treatment, while 61.9 percent provided integrated mental health and SUD treatment (figure 3). These figures indicate that nearly two-thirds of mental health facilities address these commonly co-occurring disorders. The

share of facilities offering substance use treatment ranged from 78.9 percent and higher in the top decile (Wyoming, Georgia, New Mexico, Hawaii, and Kentucky) to 46.9 percent and lower in the bottom decile (Alabama, Oregon, Minnesota, Maine, and Pennsylvania). Similarly, the share offering integrated mental health and SUD treatment varied from 79.9 percent and higher in the top decile (Wyoming, Rhode Island, Hawaii, New Hampshire, and Kentucky) to 48.7 percent and lower in the bottom decile (Iowa, Alabama, Maine, Oregon, Minnesota, and Pennsylvania) (appendix table 3).

FIGURE 3

Percent of Facilities That Treat Mental Health Disorders by Availability of Any and Integrated Substance Use Treatment for Clients with Co-occurring Mental and SUDs

US national estimates, 2022



Source: Authors' analyses of the National Substance Use and Mental Health Services Survey, 2022.
Notes: SUD = substance use disorder. Percentages are a snapshot of respondent facilities operating on March 31, 2022. Puerto Rico and other US territories are not included in national totals. For complete notes and state and territory details, see appendix table 3.

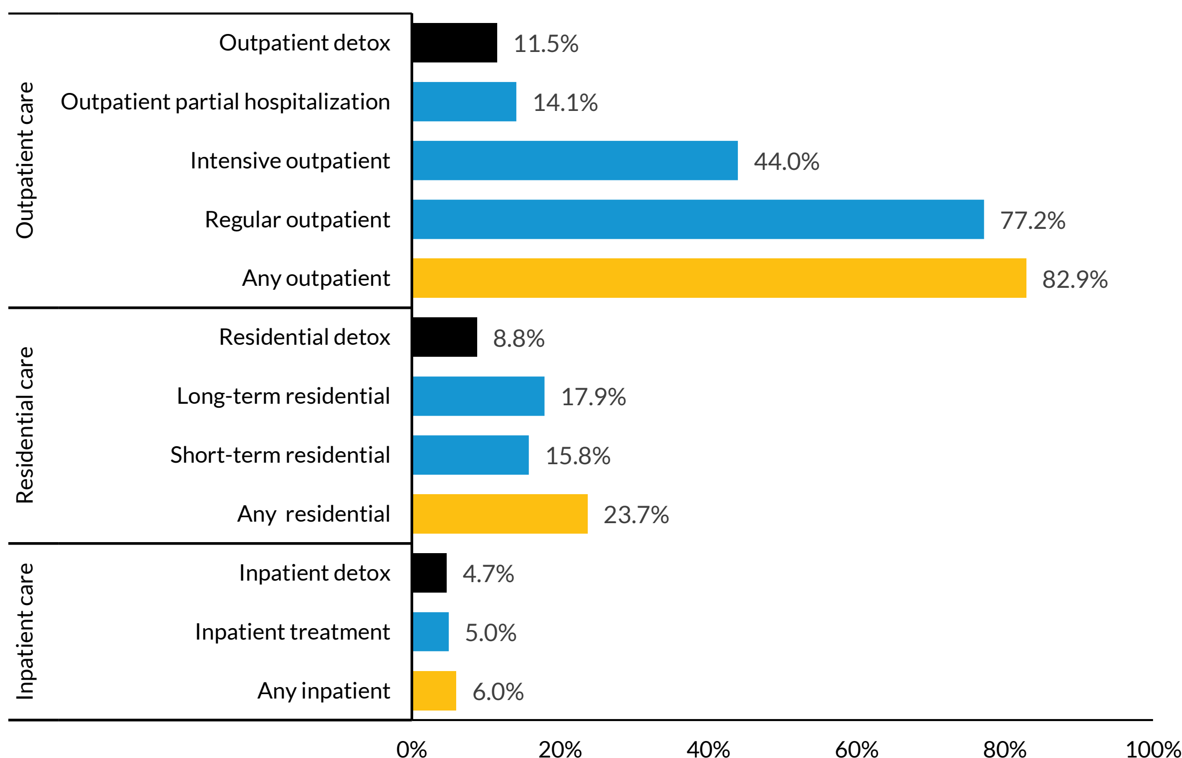
Intensity Type of Services Facilities Offer and Variation across States and Territories

Most SUD treatment facilities provided outpatient care, while relatively few offered residential or inpatient care. Nationally, among SUD treatment facilities, 82.9 percent offered outpatient treatment, 23.7 percent offered residential treatment, and 6.0 percent offered inpatient treatment (figure 4). Among SUD treatment facilities that provided outpatient care, 44.0 percent offered intensive outpatient care and 14.1 percent offered partial hospitalization. Most SUD treatment facilities that offered inpatient treatment offered "inpatient detox," referring to medically supervised withdrawal in an inpatient setting, while roughly one-third of the facilities that offered that residential treatment offered "residential detox." Across states and territories, the share of SUD treatment facilities that offered inpatient treatments ranged from 11.8 percent and higher for the states and territories in the top decile (non-Puerto Rican territories, Puerto Rico, Mississippi, Louisiana, and South Dakota) to 3.4 percent and less for those in the lowest decile (Hawaii, New Hampshire, Maine, New Mexico, and Colorado) (appendix table 4).

FIGURE 4

Percent of Facilities That Treat Substance Use Disorders (SUD) by Type of Available SUD Care

US national estimates, 2022



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Source: Authors' analyses of the National Substance Use and Mental Health Services Survey, 2022.

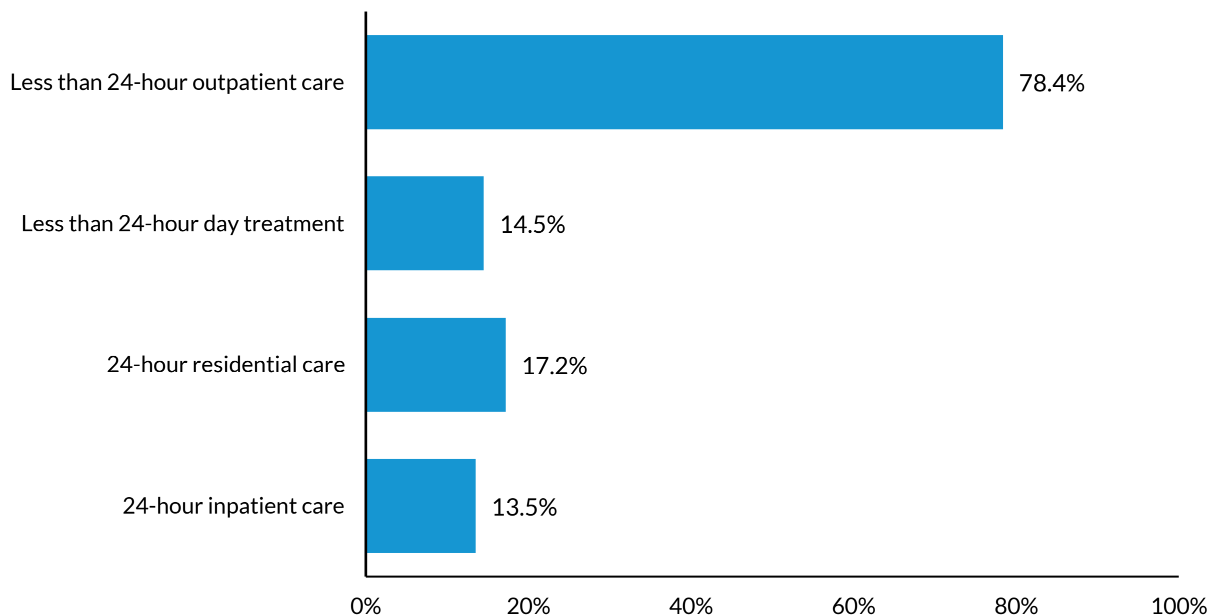
Notes: Percentages are a snapshot of respondent facilities operating on March 31, 2022. Puerto Rico and other US territories are not included in national totals. For complete notes and state and territory details, see appendix table 4.

Less than 24-hour outpatient care was the most common treatment type available in mental health treatment facilities. Nationally, among mental health treatment facilities, the most common type of available care was outpatient care of less than 24-hour duration, with about 78 percent of facilities offering this treatment (figure 5). About 15 percent of mental health treatment facilities offered day treatment of less than 24 hours (i.e., "less than 24-hour day treatment"), about 17 percent offered 24-hour residential care, and about 13 percent offered 24-hour inpatient care. Examining data across states and territories, the share of mental health treatment facilities that offered 24-hour inpatient care ranged from 21.5 percent and higher for those in the highest decile (Hawaii, Louisiana, Puerto Rico, Nevada, and Alabama) to 7.0 percent and lower for those in the bottom decile (Alaska, Maine, Minnesota, Vermont, and Oregon) (appendix table 5).

FIGURE 5

Percent of Facilities That Treat Mental Health Disorders by Duration and Setting of Available Mental Health Care

US national estimates, 2022



Source: Authors' analyses of the National Substance Use and Mental Health Services Survey, 2022.
Notes: Percentages are a snapshot of respondent facilities operating on March 31, 2022. Puerto Rico and other US territories are not included in national totals. For complete notes and state and territory detail, see appendix table 5.

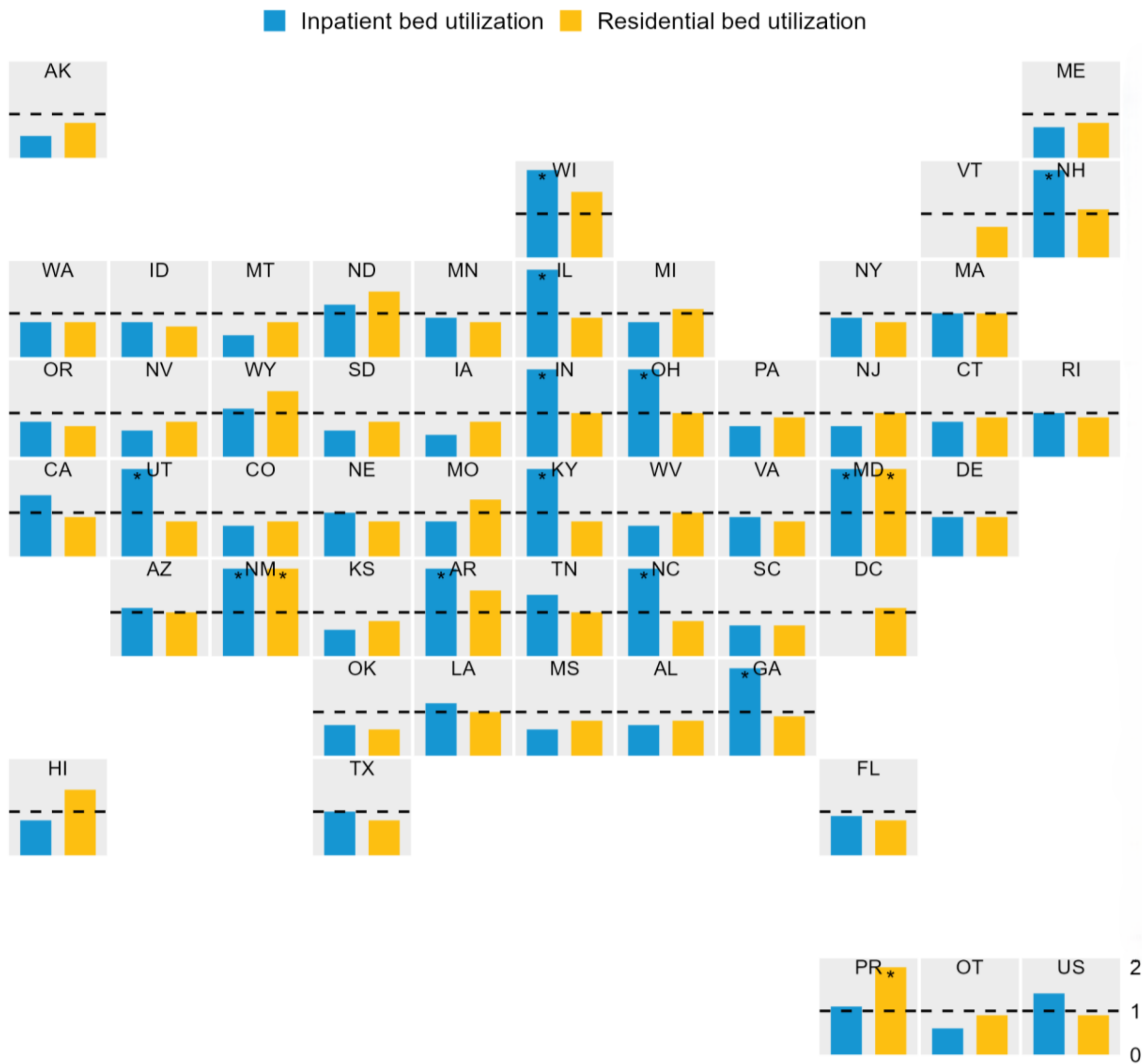
SUD Treatment Bed Utilization Rate Variation across States and Territories

Nationally, inpatient SUD treatment bed utilization among facilities that treat SUD was 140 percent (figure 6). Figure 6 (and appendix table 6) shows that bed utilization was at or over capacity (100 percent utilization or higher) in 23 states and 140 percent of capacity or higher in 14 states. Across states and territories, inpatient SUD treatment bed utilization ranged from 440 percent or more in the top decile (Arkansas, Illinois, Wisconsin, Utah, and New Mexico) to 60 percent or less in the bottom decile (Alaska, Iowa, Montana, Kansas, and Mississippi).

Nationally, residential SUD treatment bed utilization averaged 90 percent (figure 6) at facilities that treat SUD. Figure 6 (and appendix table 6) shows that facilities in 20 states were at or over capacity and 140 percent of capacity or higher in eight states. Across states and territories, residential bed utilization ranged from 140 percent or more (Hawaii, North Dakota, Puerto Rico, Maryland, and New Mexico) to 70 percent or less in the bottom decile (Oklahoma, Oregon, Idaho, South Carolina, and Vermont).

FIGURE 6

Designated Substance Use Bed Utilization Rates among Facilities That Offer Inpatient or Residential Substance Use Disorder Treatment by Bed Type and State



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Source: Authors' analyses of the National Substance Use and Mental Health Services Survey, 2022.

Notes: OT = other territories; US = US national total. Rates are a snapshot of respondent facilities operating on March 31, 2022. Puerto Rico and other US territories are not included in national totals. All states and territories use the same y-axis scale. No bar indicates no data or a rate of 0. Upper-end outliers are designated with * and assigned a value of 2 for display purposes. For actual outlier values, complete notes, and state and territory details, see appendix table 6.

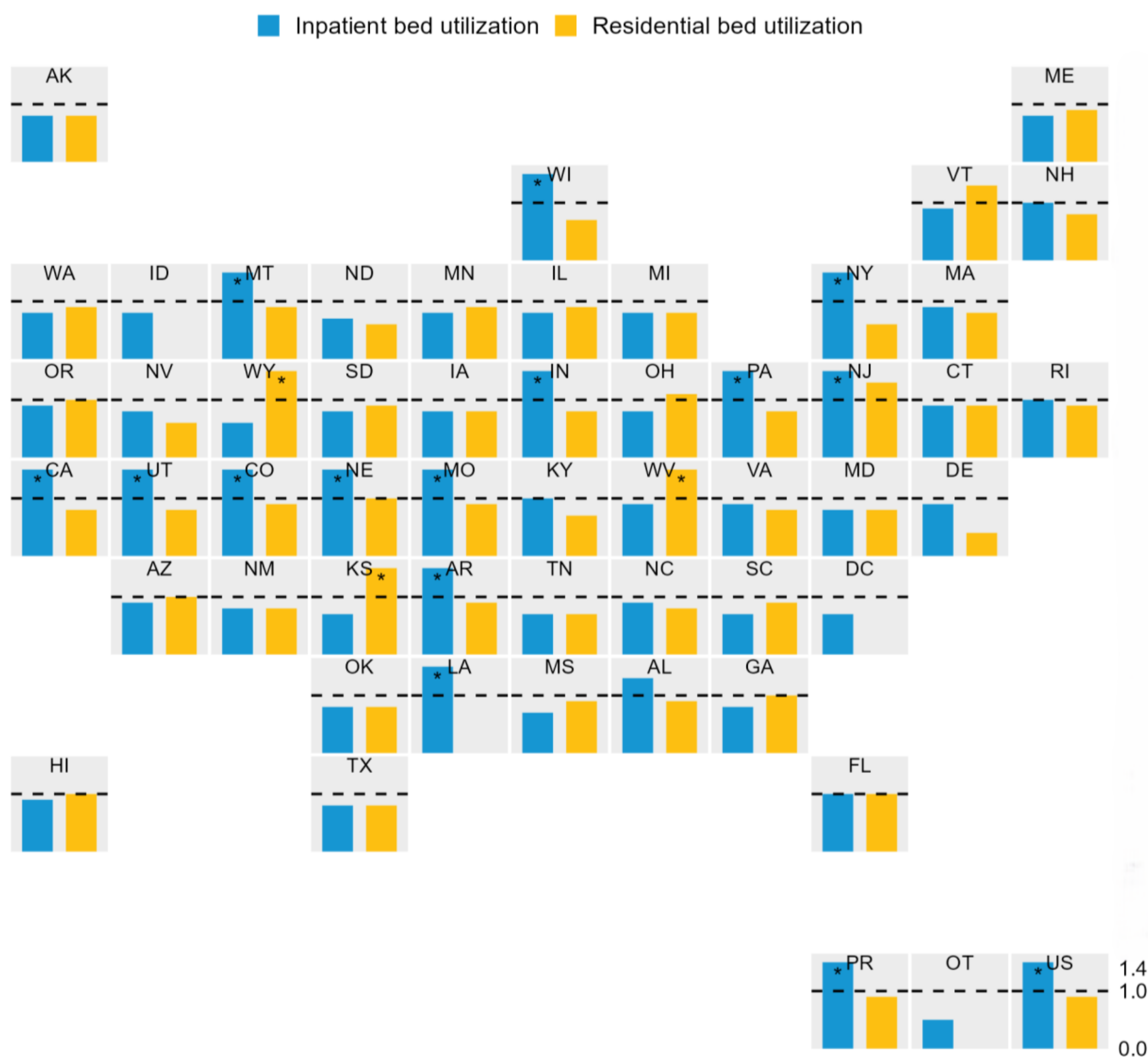
Mental Health Treatment Bed Utilization Rate Variation across States and Territories

Nationally, inpatient mental health treatment bed utilization averaged 150 percent at facilities that treat mental health disorders (figure 7). Figure 7 (and appendix table 7) shows that inpatient mental health treatment bed utilization was at or over capacity in 19 states and 140 percent of capacity or higher in 14 states. Across states and territories, inpatient mental health treatment bed utilization ranged from 390 percent or more in the top decile (Arkansas, Colorado, Nebraska, Indiana, and Puerto Rico) to 70 percent or less in the bottom decile (non-Puerto Rican territories, Wyoming, DC, Kansas, and Mississippi).

Nationally, residential mental health treatment bed utilization averaged 90 percent (figure 7) at facilities that treat mental health disorders. Figure 7 (and appendix table 7) shows that residential mental health treatment bed utilization data was missing in three states and at or over capacity in 12 states. Utilization ranged from 130 percent or higher in the top decile (Vermont, New Jersey, West Virginia, Wyoming, and Kansas) to 60 percent or lower in the bottom decile (Louisiana, Delaware, New York, Nevada, and North Dakota).

FIGURE 7

Designated Mental Health Bed Utilization Rates among Facilities That Offer Inpatient or Residential Mental Health Disorder Treatment by Bed Type and State



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Source: Authors' analyses of the National Substance Use and Mental Health Services Survey, 2022.
Notes: OT = other territories; US = US national total. Rates are a snapshot of respondent facilities operating on March 31, 2022. Puerto Rico and other US territories are not included in national totals. All states and territories use the same y-axis scale. No bar indicates no data or a rate of 0. Upper-end outliers are designated with * and assigned a value of 1.5 for display purposes. For actual outlier values, complete notes, and state and territory details, see appendix table 7.

Variation in facility offering of MOUD or MAUD across states and territories

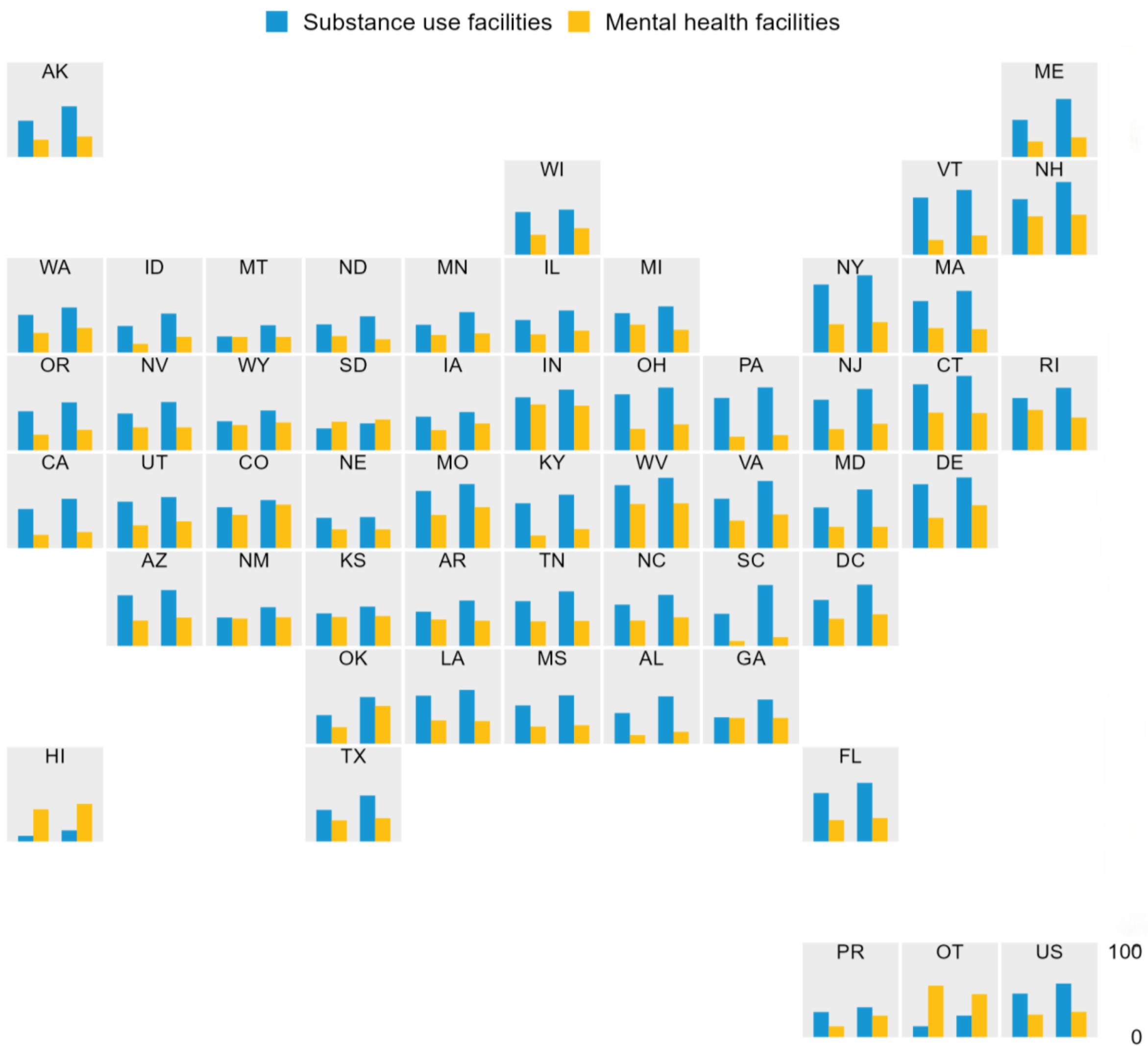
Nationally, 62.4 percent of SUD treatment facilities offered MOUD, and 50.7 percent offered MAUD (figure 8). Across states and territories, the share of SUD treatment facilities offering MOUD ranged from 82.0 percent and higher in the top decile (New York, Connecticut, New Hampshire, Delaware, and

West Virginia) to 34.7 percent and lower in the bottom decile (Puerto Rico, Montana, South Dakota, non-Puerto Rico territories, and Hawaii) (appendix table 8). Across states and territories, the share of facilities offering MAUD ranged from 66.7 percent and higher in the top decile (New York, Connecticut, Delaware, West Virginia, and Vermont) to 29.2 percent and lower in the bottom decile. The top and bottom deciles for AUD were the same as those for OUD, except that Vermont is in the top decile for AUD, and New Hampshire is not.

Nationally, 29.4 percent of facilities that treat mental health disorders offered MOUD, and 26.1 percent offered MAUD (figure 8). Across states and territories, the share of mental health treatment facilities offering MOUD ranged from 50.0 percent and higher in the top decile (West Virginia, Indiana, Colorado, non-Puerto Rican territories, and Delaware) to 18.2 percent and lower in the bottom decile (Montana, Pennsylvania, North Dakota, Alabama, and South Carolina) (appendix table 9). Across states and territories, the share of facilities offering MAUD ranged from 44.8 percent and higher in the top decile (New Hampshire, Rhode Island, West Virginia, Indiana, and non-Puerto Rican territories) to 14.6 percent and lower in the bottom decile (South Carolina, Alabama, Idaho, Puerto Rico, and Kentucky).

FIGURE 8

Percent of Treatment Facilities That Focus on Substance Use Disorder (SUD) or Mental Health Disorders by Availability of Medication for AUD and Medication for OUD and State



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Source: Authors' analyses of the National Substance Use and Mental Health Services Survey, 2022.
Notes: OUD = opioid use disorder; AUD = alcohol use disorder; OT = other territories; US = US national total. Percentages are a snapshot of respondent facilities operating on March 31, 2022. Puerto Rico and other US territories are not included in national totals. All states and territories use the same y-axis scale. No bar indicates no data or a rate of 0. For complete notes and state and territory details, see appendix tables 8 and 9.

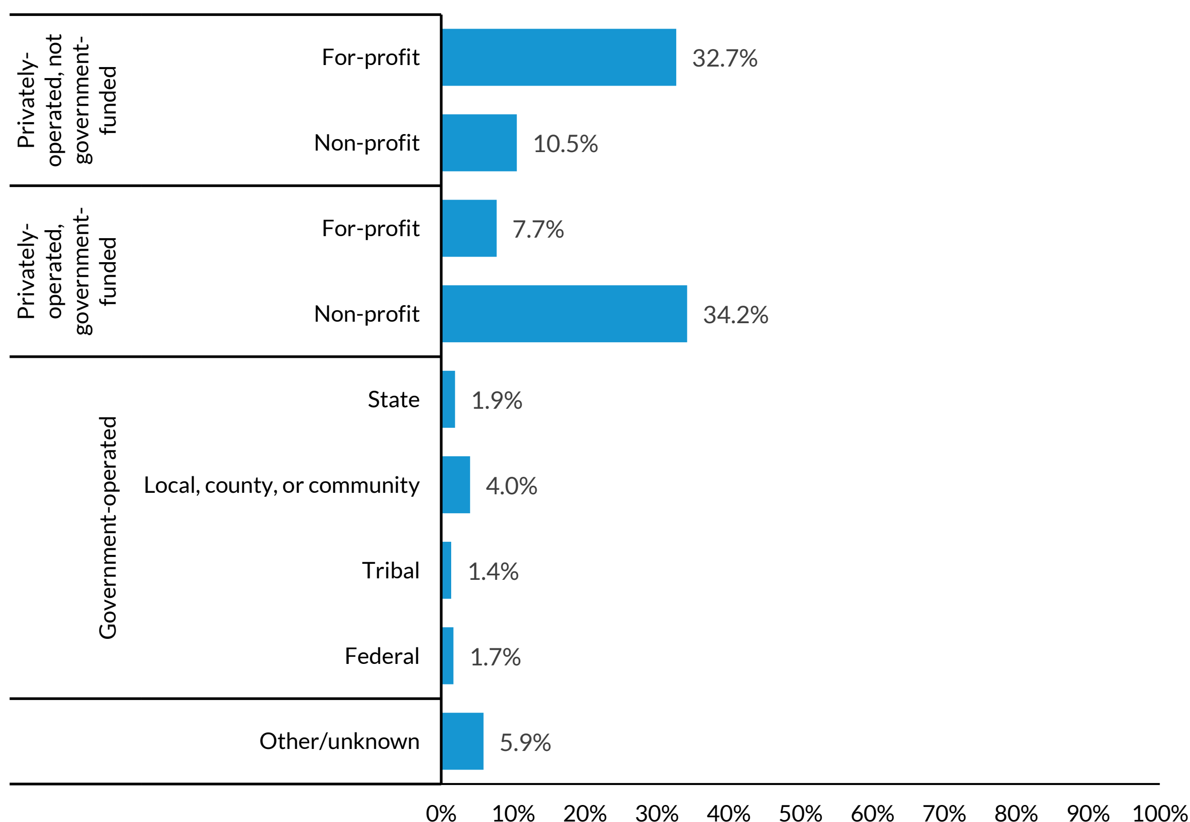
SUD Treatment Facility by Ownership and Variation across States and Territories

Most facilities treating SUD were privately owned (85.1 percent) (figure 9). About one-third of facilities were private nonprofits with government funding (34.2 percent), and another one-third were private for-profits with no government funding (32.7 percent). Federal, state, tribal, and local governments each operated fewer than 5 percent of SUD treatment facilities. Across states and territories, the share of SUD facilities that were nonprofits with government funding ranged from 62.7 percent and higher in the states and territories in the top decile (Hawaii, Connecticut, Iowa, Missouri, and Alaska) to 15.4 percent and less than percent for those in the lowest decile (Wisconsin, Louisiana, Virginia, Idaho, and Maryland) (appendix table 10). The share of SUD facilities that were for-profits with no government funding ranged from 44.3 percent and higher in the states and territories in the top decile (Utah, Maryland, Florida, North Carolina, and Idaho) to 7.7 percent and less in the lowest decile (Missouri, Oklahoma, Hawaii, Alaska, and territories other than Puerto Rico).

FIGURE 9

Percent of Facilities That Treat Substance Use Disorders by Ownership

US national estimates, 2022



Source: Authors' analyses of the National Substance Use and Mental Health Services Survey, 2022.
Notes: Percentages are a snapshot of respondent facilities operating on March 31, 2022. Puerto Rico and other US territories are not included in national totals. For complete notes and state and territory details, see appendix table 10.

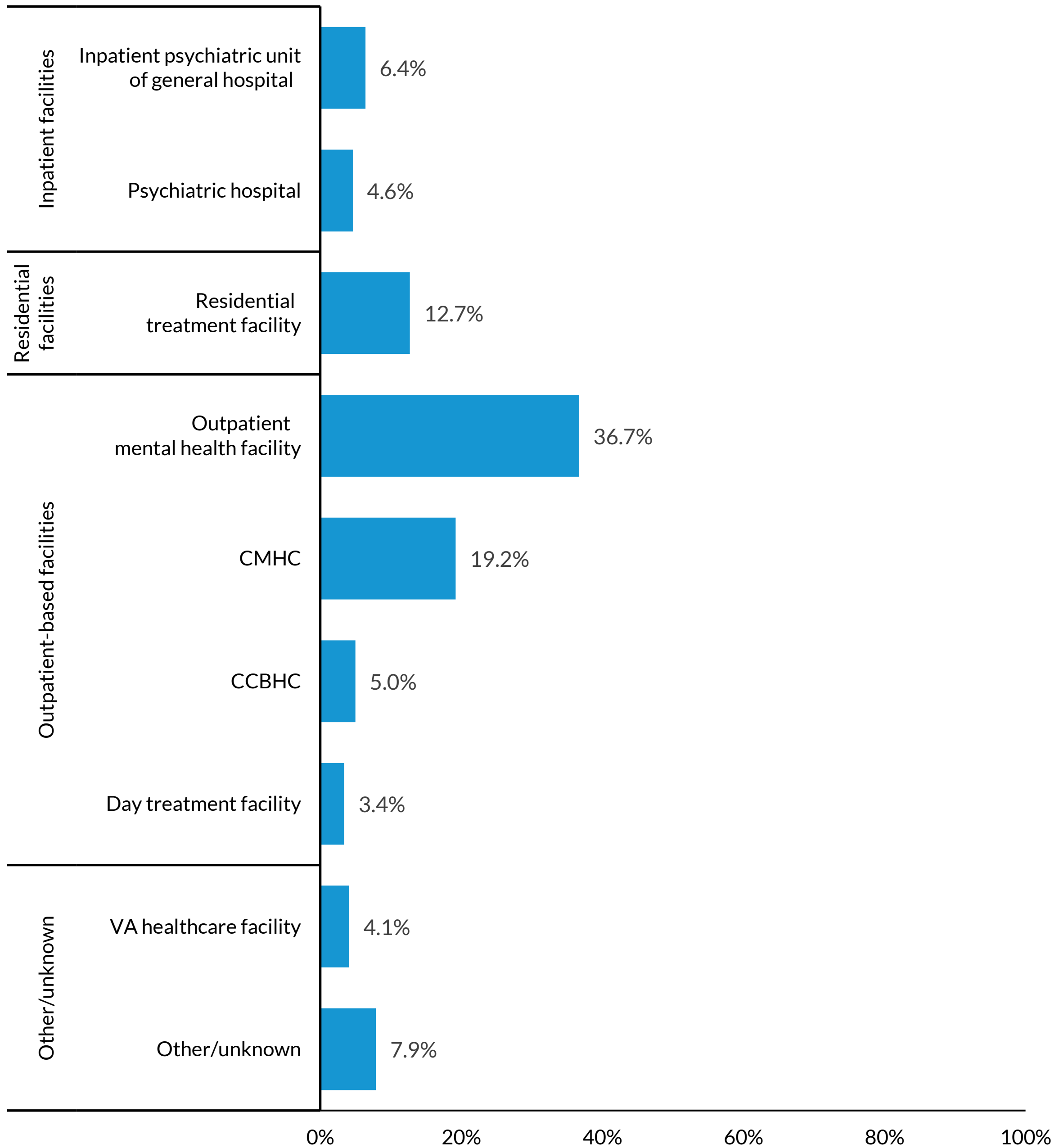
Mental Health Treatment Facility Type of Operation and Variation across States and Territories

Outpatient treatment facilities were the most common type of operation for mental health treatment nationally. Among facilities that treat mental health disorders nationally, the most common type of operation was outpatient treatment facilities, accounting for 64.3 percent, including 19.2 percent that were outpatient facilities designated as community mental health centers, 5.0 percent designated as Certified Community Behavioral Health Clinics, 3.4 percent designated as day treatment facilities, and 36.7 percent designated as other outpatient (figure 10). Residential treatment facilities accounted for 12.7 percent of facilities, and inpatient facilities were roughly split between inpatient psychiatric units of general hospitals (6.4 percent) and psychiatric hospitals (4.6 percent). Across states and territories, the share of mental health facilities that were operated as outpatient treatment facilities ranged from 74.2 percent and higher in the top decile (Tennessee, Kansas, Ohio, Idaho, and Wisconsin) to 50.0 percent and less for those in the lowest decile (territories other than Puerto Rico, Hawaii, Oregon, Montana, and Rhode Island) (sums from appendix table 11).

FIGURE 10

Percent of Facilities That Treat Mental Health Disorders by Facility Type of Operation and Treatment Setting

US national estimates, 2022



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Source: Authors' analyses of the National Substance Use and Mental Health Services Survey, 2022.

Notes: CMHC = community mental health centers; CCBHC = Certified Community Behavioral Health Clinics. Percentages are a snapshot of respondent facilities operating on March 31, 2022. Puerto Rico and other US territories are not included in national totals. For complete notes and state and territory details, see appendix table 11.

Discussion

The findings from this analysis highlight notable gaps in available behavioral health services and variations in the characteristics of SUD and mental health treatment facilities across states and territories. The finding that few behavioral health facilities focus on both SUD and mental health treatment suggests there are shortcomings in available services for the large share of individuals with behavioral health conditions who have co-occurring SUD and mental health conditions. Of particular concern is the finding that nationally, about 30 percent of SUD treatment facilities offered no mental health services, and close to half offered no suicide prevention services.

Our finding that most facilities in all states and territories do not offer residential or inpatient services comport with a large body of literature showing that the focus has been on expanding community-based care in recent decades (Bruckner et al. 2019; Staloff et al. 2024; Wells et al. 2010). Our finding that facilities that do offer inpatient services are often over capacity also comports with other findings, but debate exists about measuring the need for inpatient beds, increasing the number of available beds versus reducing the need for inpatient services by scaling up prevention services, better integrating behavioral health care with other care, and delivering care in community settings (Lutterman 2022; Mundt et al. 2022; APA 2022). This points to the need for state and local stakeholders to interpret state results in the context of the area's behavioral health ecosystem, including access, availability, affordability, and appropriateness of care offered in local communities. Overcapacity of inpatient beds may stem from undercapacity in community-based care, including geographic distribution of facilities within states and the populations served.

Our national finding that about one in three SUD treatment facilities do not offer MOUD and only about half offer MAUD suggests there is considerable room for facilities to increase the availability of evidence-based medication for SUD. Substantial state and territory variation in medication availability also indicates the need for policy research into the factors related to facilities offering MOUD and MAUD.

Our finding that the share of SUD facilities that were for-profits with no government funding ranged from 44.3 percent in the top decile to 7.7 percent and less in the lowest decile indicates comports with other findings showing substantial variability in type of ownership among SUD facilities (Zhu et al. 2024). Given that type of facility ownership and funding is known to impact behavioral health services offered, these findings also point to the need for more research into the impact of growth in private-equity ownership in health care on access, availability, costs, and quality of behavioral health services (Borsa et al. 2023; Matthews and Roxas 2022; Nahra, Alexander, and Pollack 2009; Sherman et al. 2013; Wheeler and Nahra 2000).

We also observed substantial but less dramatic variability in mental health treatment facilities offering 24-hour inpatient care, with states and territories ranging from 21.5 percent and higher for those in the highest decile to 7.0 percent and lower for those in the bottom decile. Substantial variability in the type of facility operation suggests that patients may experience variation in available services, given research findings that the type of facility operation impacts behavioral health services offered

(Sherman et al. 2013). It also suggests that state and local stakeholders may need state-dependent approaches in advocating for the take-up of evidence-based practices, particularly because there may be less policy leverage when many facilities are private with no government funding.

Future research will expand on this analysis to examine recent changes in facilities serving underserved populations, the role of telehealth, affordability barriers and facilitators, and the availability and use of peer recovery services. Additional research could examine the relationship between facility characteristics and patient outcomes and the role of state policies and funding in shaping the treatment landscape. By understanding these factors, policymakers and others can guide policy to create a more equitable and effective system of care for individuals with SUD and mental health disorders.

Conclusion

This analysis reveals substantial state- and territory-level variation in the characteristics of SUD and mental health treatment facilities in the US. These differences may have important implications for patient access to care, quality of services, and treatment outcomes. The findings underscore the need for further research to understand the factors contributing to these variations and their impact on patients and other individuals who may need treatment.

Policymakers and health care leaders should consider these state-level differences when developing strategies to improve the delivery of SUD and mental health treatment services. Efforts to expand access to integrated care, promote the adoption of evidence-based practices, and ensure a balance of for-profit and nonprofit facilities with adequate government funding may help address disparities and enhance the quality of care across states. Our analysis shows inpatient and residential beds at both SUD and mental health treatment facilities are often at or over capacity nationally, with substantial variation in utilization rates across states and territories. Thus, in addition to ensuring bed capacity, implementing policies that expand access to a robust crisis response system—including mobile crisis services and the 988 Suicide and Crisis Lifeline—and increasing the availability of outpatient behavioral health services may help reduce reliance on inpatient facilities.

Future research should examine the relationship between facility characteristics and patient outcomes and the role of state policies and funding in shaping the treatment landscape. By understanding these factors, we can work toward creating more equitable and effective care for individuals with SUD and mental health disorders.

Notes

[1] "2022 National Survey on Drug Use and Health (NSDUH) Releases," SAMHSA, accessed July 22, 2024, https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases.

[2] "2022 National Survey on Drug Use and Health (NSDUH) Releases," SAMHSA, accessed July 22, 2024.

[3] "Behavioral Health Workforce Projections, 2017–2030," HRSA, accessed July 22, 2024.

[4] "Take Part in the 2022 National Substance Use and Mental Health Services Survey," SAMHSA, accessed August 8, 2024.

[5] US territories in the N-SUMHSS other than Puerto Rico are Guam, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, American Samoa, the Federated States of Micronesia, and the US Virgin Islands.

[6] Appendix tables are available online at https://www.urban.org/research/publication/state-variation-substance-use-disorder-and-mental-health-treatment-facility.

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